

New Hampshire Bureau of Developmental Services Annual Health Screening Recommendations

Name: _____ Age: _____ Date: _____

This format is to assist individuals, families, and other support providers to ensure that screening tests that are appropriate to the individual are considered at the annual physical.

Review BEFORE the annual health visit.

All Adults		Last Date screen performed	Ask MD to evaluate need for screening
Height/Weight	Annually		<input type="checkbox"/>
Breast/testicular exam	Annually		<input type="checkbox"/>
Cancer Screening			
Mammography (Women)	Every 1-2 years after age 40, at discretion of physician/patient. Earlier if family history. Annually after age 50.		<input type="checkbox"/>
Pap Smear (Women)	For women with prior sexual activity, every 1-3 years after age 19. May be omitted after age 65 if previous screenings were consistently normal.		<input type="checkbox"/>
Colorectal Cancer Screen:			
Fecal Occult Blood Testing	Annually after age 50		<input type="checkbox"/>
Sigmoidoscopy	Every 5 years after age 50		<input type="checkbox"/>
Colonoscopy	Every 10 years after age 50, per MD recommendation or if above screen not performed.		<input type="checkbox"/>
Prostate cancer screen (Men)	Per MD recommendation after age 50		<input type="checkbox"/>
Skin cancer screen	Per MD recommendation		<input type="checkbox"/>
Other Recommended Screening			
Hypertension	Annually		<input type="checkbox"/>
Cholesterol	Every 5 years or at physician discretion		<input type="checkbox"/>
Diabetes (Type II)	Fasting plasma glucose screen for people at high risk. At least every 5 years until age 45. Every 3 years after age 45.		<input type="checkbox"/>
Liver function	Test annually for Hepatitis B carriers		<input type="checkbox"/>
Osteoporosis	Bone density screening per risk factors of general population. Additional risk factors include medications, mobility impairment, hypothyroid.		<input type="checkbox"/>
Infectious Disease Screening			
Chlamydia and STDs	Annually, if at risk		<input type="checkbox"/>
HIV	Periodic testing if at risk		<input type="checkbox"/>
Hepatitis B and C	Periodic testing if at risk		<input type="checkbox"/>
Tuberculosis	Skin testing every 1-2 years for individuals at risk		<input type="checkbox"/>

Sensory Screening		Last Date..	Ask MD
Hearing Assessment	Screen annually. Re-evaluate if hearing problem reported or change in behavior noted.		<input type="checkbox"/>
Vision Assessment	Screen annually. Re-evaluate if vision problems or change in behavior noted.		<input type="checkbox"/>
Glaucoma	Screen at least once before age 40. Screen every 3-5 years if risk factors present. Every 2-4 years after age 40		<input type="checkbox"/>
Mental and Behavioral Health			
Depression	Screen annually for sleep, appetite disturbance, weight loss, general agitation.		<input type="checkbox"/>
Dementia	Monitor for problems performing daily activities. In persons with Down Syndrome, annual screen after age 40		<input type="checkbox"/>
Immunizations (in addition to routine childhood immunizations)			
Tetanus-diphtheria booster	Every 10 years		<input type="checkbox"/>
Influenza vaccine	Annually		<input type="checkbox"/>
Pneumococcal vaccine	Once		<input type="checkbox"/>
Hepatitis B vaccine	Once. Re-evaluate antibody status every 5 years.		<input type="checkbox"/>
Down Syndrome (in addition to above recommendations)			
Thyroid function test	Every 3 years (sensitive TSH)		<input type="checkbox"/>
Cervical spine x-ray to rule out atlanto-axial instability.	Obtain baseline as adult. Recommend repeat if symptomatic.		<input type="checkbox"/>
Echocardiogram	Baseline, if no records of cardiac function are available.		<input type="checkbox"/>
General Counseling and Guidance			
Preventive Counseling	Annually counsel regarding prevention of accidents related to falls, fire/burns, choking.		
Abuse or neglect	Monitor for behavioral signs of abuse and neglect.		
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating physical activity into daily routines, substance abuse.		
Preconception counseling	As appropriate, including genetic counseling, folic acid supplemental, discussion of parenting capability.		
Other Screening to be Considered at this appointment: (may include tests recommended previously or by other clinicians that have not yet been performed)			

Infectious Disease Screening	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +				
Chlamydia and STDs	For all sexually active males and females screen annually <25 years. >25 years screen annually if at risk.	Annually if at risk. Risk factors include inconsistent use of barrier contraceptives, new or multiple sex partners in last 3 months. A new partner since last test, a history of STD, infected with another STD, and partner has had other sexual partner(s).							
HIV	Periodic testing if at risk and testing of pregnant women at increased risk.								
<i>Hepatitis B and C</i>	Periodic testing if risk factors present.								
<i>Tuberculosis</i>	Tuberculin skin testing every 1-2 years when risk factors present. Risk factors include residents or employees of congregate setting, close contact with persons known or suspected to have TB.								
Sensory Screening									
<i>Hearing Assessment</i>	Screen annually. Re-evaluate if hearing problem is reported or a change in behavior is noted.								
<i>Vision Assessment</i>	Screen annually. Re-evaluate if vision problems are reported or a change in behavior is noted.								
Eye Exam for Glaucoma	Every 3-5 years in high-risk patients. At least once in patients with no risk factors.		Every 2-4 years	Every 2-4 years	Every 1-2 years				
Mental and Behavioral Health									
<i>Depression</i>	Screen annually for sleep, appetite disturbance, weight loss, agitation.								
<i>Dementia</i>	Monitor for problems performing daily activities.		In persons with Down Syndrome, annual screen after age 40.						
Immunizations									
Influenza vaccine	Annually	Annually	Annually	Annually	Annually				
Pneumococcal vaccine	Once								
Hepatitis B vaccine	Once. Re-evaluate antibody status every 5 years.								
For persons with Down Syndrome (in addition to the above recommendations)									
Thyroid function test	Every 3 years (sensitive TSH)								
Cervical spine x-ray to rule out atlanto-axial instability.	Obtain baseline as adult. Recommend repeat if symptomatic, or 30 years from baseline.								
Echocardiogram	Obtain baseline if no records of cardiac function are available.								
General Counseling and Guidance									
Prevention counseling	Annually counsel regarding prevention of accidents related to falls, fire/burns, choking)								
Abuse or neglect	Annually monitor for behavioral signs of abuse and neglect.								
Preconception counseling	As appropriate, including genetic counseling, folic acid supplementation, discussion of parenting capability.								
Healthy Lifestyle	Annually counsel regarding diet/nutrition, incorporating regular physical activity into daily routines, substance abuse.								

Note: Items that are indicated in bold italic are specific recommendations that differ from the MHQP recommendations in order to reflect particular health concerns of the population with mental retardation.

Procedure	19-29 Years	30-39 Years	40-49 Years	50-64 Years	65 Years +
Health Maintenance Visit <ul style="list-style-type: none">Height and weight measurement	Annually	Annually	Annually	Annually	Annually
Labs and Screenings					
Cancer Screening					
Breast Cancer: Mammography	Clinical breast exam and self-exam and self-exam instruction as appropriate. Mammography not routine except for patients at high risk. Accurate and detailed history and family history will identify risk factors.		Clinical breast exam and self-exam instruction as appropriate. Mammography every 1-2 years, at discretion of physician.	Clinical breast exam and self-exam instruction as appropriate. Annual mammography.	Mammography annually through age 69 years. Age 70 years and older, annually at the discretion of the physician.
Cervical Cancer: Pap Smear	Every 1-3 years, at physician’s discretion.			May be omitted after age 65 if previous screenings were consistently normal.	
Colorectal Cancer	Not routine except for patients at high risk.			Fecal Occult Blood testing annually and sigmoidoscopy every 5 years OR colonoscopy every 10 years.	
Prostate Cancer	Not routine.	Not routine except for patients at high risk. Risk factors include: family history and African-American ancestry.		At physician discretion after discussion of risks and benefits of available screening strategies (PSA, DRE).	
Skin Cancer	Periodic total cutaneous examinations targeting populations at high risk for malignant melanomas. Periodicity at physician discretion.				
Other Recommended Screening					
Hypertension	At least annually	Annually	Annually	Annually	Annually
Cholesterol	Every five years or at physician discretion.				At physician discretion.
Diabetes (Type II)	At least every 5 years until age 45. Every 3 years after age 45. Fasting plasma glucose screen for individuals at high risk. Risk factors include: family history of premature CHD, hypertension, diabetes mellitus, peripheral atherosclerosis or carotid artery disease, current cigarette smoking, or HDL > 35 mg/dl.				
Liver Function	Annually for Hepatitis B carriers. At physician discretion after consideration of risk factors including long-term prescription medication.				
Osteoporosis	Bone density screening when risk factors are present: long term polypharmacy, mobility impairments, hypothyroid, post-menopausal women. Periodicity of screening at physician discretion. Annually counsel about preventive measures including dietary calcium and vitamin D intake, weight-bearing exercise, and smoking cessation				Counsel elderly patients about specific measures to prevent falls.